



Attorney's Docket No. 9386.17711-A

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION**

(complete this part only if this is a divisional, continuation or C-I-P application)

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120

I hereby claim the benefit under Title 35, United States Code, S 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, S 112, I acknowledge the duty to disclose information that is material to the examination of this application, namely, information where there is substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:**

Status
(CHECK ONE)

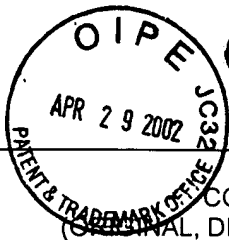
| U.S. APPLICATIONS | U.S. FILING DATE | Patented | Pending | Abandoned |
|-------------------|------------------|----------|---------|-----------|
| 1. 0 9 /832,159 | 04/10/2001 | | X | |
| 2. 0 9/829,252 | 04/10/2001 | | X | |
| 3. 0 9 /294,224 | 04/19/1999 | | X | |
| 4. 08/902,727 | 07/30/1997 | X | | |

PCT APPLICATIONS DESIGNATING THE U.S.

| PCT APPLICATION NO. | PCT FILING DATE | U.S. SERIAL NOS. ASSIGNED (if any) |
|---------------------|--------------------|---------------------------------------|
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

**DETAILS OF FOREIGN APPLICATION FROM WHICH PRIORITY APPLICATION
CLAIMED UNDER 35 USC 119**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



PATENT

Attorney's Docket No. 9386.17711-A

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☐ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☒ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Devices, Systems, and Methods for Reducing Levels of Pro-Inflammatory or Anti-Inflammatory
Stimulators or Mediators in the Blood, Generated as a Result of Extracorporeal Blood Processing

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.
(b) ☒ was filed on 21 December 2001 as ☒ Serial No. 10/036,732
or ☐ Express Mail No., as Serial No. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☐ was described and claimed in PCT International Application No. _____
filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☒ no such applications have been filed.
- (e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. S 119

| COUNTRY (OR INDICATE IF PCT) | APPLICATION NUM- BER | DATE OF FILING (day, month, year) | PRIORITY CLAIMED UNDER 37 USC 119 |
|---------------------------------|-------------------------|--------------------------------------|---|
| | | | <input type="checkbox"/> YES NO <input type="checkbox"/> |
| | | | <input type="checkbox"/> YES NO <input type="checkbox"/> |
| | | | <input type="checkbox"/> YES NO <input type="checkbox"/> |
| | | | <input type="checkbox"/> YES NO <input type="checkbox"/> |
| | | | <input type="checkbox"/> YES NO <input type="checkbox"/> |

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Daniel D. Ryan (29,243)
John M. Manion (38,957)
Daniel R. Johnson (46,204)
Laura A. Dable (46,436)

Joseph A. Kromholz (34,204)
Patricia Jones (46,318)
Arnold J. Ericson (16,879)
Patricia A. Limbach (P-50,295)

(check the following item, if applicable)

☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Daniel D. Ryan
RYAN KROMHOLZ & MANION, S.C.
Post Office Box 26618
Milwaukee, Wisconsin 53226-0618

DIRECT TELEPHONE CALLS TO:

Daniel D. Ryan
PHONE CALLS
(262) 783 - 1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

James (GIVEN NAME) A (MIDDLE INITIAL OR NAME) Brady, M.D. (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date _____ Country of Citizenship US
 Residence (City, State/Country) South Hampton, New York
 Post Office Address 80 Sanford Place
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Full name of second joint inventor, if any

James (GIVEN NAME) F (MIDDLE INITIAL OR NAME) Winchester, M.D. (FAMILY (OR LAST NAME))
 Inventor's signature *[Signature]*
 Date 3/22/02 Country of Citizenship US
 Residence (City, State/Country) New York, New York
 Post Office Address 200 East 64 Street, #16B
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Full name of third joint inventor, if any

Vadim (GIVEN NAME) (MIDDLE INITIAL OR NAME) Davankov (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date _____ Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
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 Moscow 125445, Russia

Full name of fourth joint inventor, if any

Maria (GIVEN NAME) (MIDDLE INITIAL OR NAME) Tsyurupa (FAMILY (OR LAST NAME))
 Inventor's signature *[Signature]*
 Date 03/29/02 Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Serafimovicha 2-230
 Moscow 109072, Russia

Full name of fifth joint inventor, if any

Ludmila (GIVEN NAME) (MIDDLE INITIAL OR NAME) Pavlova (FAMILY (OR LAST NAME))
 Inventor's signature *[Signature]*
 Date 03/29/02 Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Zemlyanoi Vat2/50-64
 Moscow 103064, Russia

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

James A Brady, M.D.
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature _____
 Date _____ Country of Citizenship US
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 Post Office Address 80 Sanford Place
 South Hampton, New York 11968

Full name of second joint inventor, if any

James F Winchester, M.D.
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature *James F. Winchester*
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Full name of third joint inventor, if any

Vadim Davankov
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 Inventor's signature *Vadim Davankov*
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 Post Office Address Leningradskoe Shosse 112/1, k.3 kv.825
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Full name of fourth joint inventor, if any

Maria Tsyurupa
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature _____
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Full name of fifth joint inventor, if any

Ludmila Pavlova
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature _____
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 Residence (City, State/Country) Moscow, Russia
 Post Office Address Zemlyanoi Vat2/50-64
 Moscow 103064, Russia

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

James (GIVEN NAME) A (MIDDLE INITIAL OR NAME) Brady, M.D. (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date _____ Country of Citizenship US
 Residence (City, State/Country) South Hampton, New York
 Post Office Address 80 Sanford Place
 South Hampton, New York 11968

Full name of second joint inventor, if any

James (GIVEN NAME) F (MIDDLE INITIAL OR NAME) Winchester, M.D. (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date 3/2/02 Country of Citizenship US
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Full name of third joint inventor, if any

Vadim (GIVEN NAME) (MIDDLE INITIAL OR NAME) Davankov (FAMILY (OR LAST NAME))
 Inventor's signature _____
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Full name of fourth joint inventor, if any

Maria (GIVEN NAME) (MIDDLE INITIAL OR NAME) Tsyurupa (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date _____ Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Serafimovicha 2-230
 Moscow 109072, Russia

Full name of fifth joint inventor, if any

Ludmila (GIVEN NAME) (MIDDLE INITIAL OR NAME) Pavlova (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date _____ Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Zemlyanoi Vat2/50-64
 Moscow 103064, Russia

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

James (GIVEN NAME) A (MIDDLE INITIAL OR NAME) Brady, M.D. (FAMILY (OR LAST NAME))
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Full name of second joint inventor, if any

James (GIVEN NAME) F (MIDDLE INITIAL OR NAME) Winchester, M.D. (FAMILY (OR LAST NAME))
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Full name of third joint inventor, if any

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Full name of fourth joint inventor, if any

Maria (GIVEN NAME) Tsyurupa (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date _____ Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Serafimovicha 2-230
 Moscow 109072, Russia

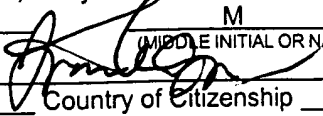
Full name of fifth joint inventor, if any

Ludmila (GIVEN NAME) Pavlova (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date _____ Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Zemlyanoi Vat2/50-64
 Moscow 103064, Russia

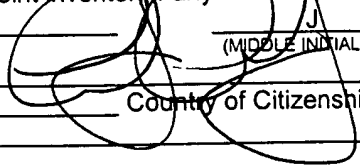
SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

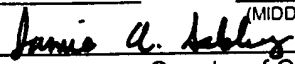
Full name of sixth joint inventor, if any

Frank M Norris
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Inventor's signature 
Date 3/22/02 Country of Citizenship US
Residence New York, New York
Post Office Address 325 East 64 Street, #507
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Full name of seventh joint inventor, if any

Peter J Quartararo, Jr.
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature 
Date 3-22-02 Country of Citizenship US
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Post Office Address 320 East 65 Street, #321
New York, New York 10021

Full name of eighth joint inventor, if any

Jamie A Salsberg
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature 
Date 3/22/02 Country of Citizenship US
Residence New York, New York
Post Office Address 401 East 34 Street # S6K
New York, New York 10016



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Brady et al.

Group No.: Unknown

Serial No.: 10/036,732

Examiner: Unknown

Filed: 21 December 2001

For: Devices, Systems, and Methods for Reducing Levels of Pro-Inflammatory or Anti-Inflammatory Stimulators or Mediators in the Blood, Generated as a Result of Extracorporeal Blood Processing

Commissioner of Patents
Washington, D.C. 20231

STATEMENT BY ATTORNEY THAT APPLICATION FILED IN PTO IS THE
ONE INVENTOR(S) EXECUTED BY SIGNING DECLARATION

I, Daniel D. Ryan, Registration No. 29,243, of RYAN KROMHOLZ & MANION, S.C., P.O. Box 26618, Milwaukee, Wisconsin 53226-0618, {(262) 783-1300} state I am an attorney for this application and the application identified above is the application which the inventor(s) executed by signing the declaration which is being submitted herewith.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date 18 April 2002

By

Judith Dunaway

(Typed Name of Person Signing Paper)

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

[X] Signature for sixth and subsequent joint inventors. Number of pages added 1

* * *

[] Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____

* * *

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____

* * *

[X] Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

[X] Number of pages added 2

* * *

[] Authorization of attorney(s) to accept and follow instructions from representative

* * *

(If no further pages form a part of this declaration then end this declaration with this page and check the following item:)

[] This declaration ends with this page